(b) As a result of the review, there were changes in both the Programmes.

In the case of Leprosy, the coverage of the programme was extended from 246 districts to include all the districts in the whole country. For providing free Multi Drug Therapy Services to the entire area proposed to be covered under the programme, World Bank assistance to the extent of Rs. 302 crores was taken from 1993-94 onwards for a period of 6 years.

In the case of T.B., the review took note of the fact that less than 40% of the patients completed treatment, there was inadequate budget and managerial capacity, drug shortage, emphasis on X-ray as tool of diagnosis, poor quality of sputum microscopy and multiplicity of treatment regimens. Based on these findings the Revised National Tuberculosis Control Programme (RNTCP) was started as pilot projects with the objective of curing at least 85% of new sputum+ve cases and detecting at least 70% of these cases was evolved. This initiative is under implementation from 1997 onwards with World Bank assistance to the extent of Rs. 749 crores.

Statement of the allocation, State/UT-wise, during the 8th Five Year Plan (1992-97), under the Leprosy and TB. Programmes, are given at Annexures I & II respectively. *(See* Apppendix 188, Annexure Nos. 11 and 12).

Deaths by Jaundice and Malaria in Delhi

446. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned, Jaundice masking malaria, appearing in the Express Newsline dated 11th November, 1999;

(b) if so, the number of patients/cases reported at Government/private hospitals in Delhi;

(c) whether deaths have taken place due to delay diagnosis; if so, the details thereof, hospital-wise;

(d) whether blood testing facility to diagnose the said diseases is not available in Government hospitals/CGHS dispensaries; and

(e) if so, the reasons therefor and the steps taken to provide the facility?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T SHANMUGAM): (a) and (b) Yes, Sir. Malaria can lead to jaundice in addition to signs and symptoms of malaria. This occurs due to breakdown of blood cells. During 1999-2000 (Up to September 1999), a total of 2149 malaria cases have been recorded in Delhi, out of which only 5 cases have been reported as P. falciparum malaria.

(c) No death due to delayed diagnosis has been reported from Govt, hospitals upto September, 1999.

(d) Blood testing facilities to diagnose the diseases are available with all Government hospitals and some CGHS dispensaries in Delhi.

(e) Does not arise.

Life Expectancy

447. SHRI SANTOSH BAGRODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what was the life expectancy during the last five years; and

(b) what is the expected life expectancy during the next ten Years?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE SHRI NT. SHANMUGAM: (a) The estimates of life expectancy of birth for India for the last 5 years (1991 to 1995) are stated below:

Period	Life expectancy	at birth (in years) Females
1987-91	58.1	58.6
1988-92	58.6	59.0
1989-93	59.0	59.7
1990-94	59.4	60.4
1991-95	59.7	60.9

(b) The projected values of the expectation of life at birth for India during the periods 1996-2001 and 2001—2006 as estimated by the Technical Group on Population Projections constituted by the Planning Commission are as follows:

Period	Males	Females
1996-2001	62.36	63.39
2001-2006	64.11	65.43

Primary Health Care System

448. SHRI KRISHNA KUMAR BIRLA: Will the Minister for HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have been neglecting the primary health care System in the country, which is the backbone of the developing country;

(b) if so, the number of Primary Health Centres set up in each of the States during the past three years;